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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

	LIOLDED AND METHOS FOR COOLING OR HEATING SAMPLES							
Title of Invention	HOLDER AND METHOD FOR COOLING OR HEATING SAMPLES							
As the belo	ow named inventor(s), I/we declare that:							
This declar	This declaration is directed to:							
	The attached application, or	a -						
	Application No. 10/538,746 filed on JUNE 16	1,2005						
	Application No. 10/538,746 flied on June 16	(if applicable):						
l/we believe	e that I/we am/arc the original and first inventor(s) of the subject matter which is claimed ar							
l/we have n	reviewed and understand the contents of the above-identified application, including the clain at specifically referred to above;	ns, as amended by any						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.50, including for continuation-in-part applications, material information which became evailable between the filling date of the prior application and the national or PCT International filling date of the continuation-in-part application.								
to be true, a punishable	ints made herein of my/own knowledge are true, all statements made herein on information a and further that these statements were made with the knowledge that wiliful false statements by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of thing thereon.	Otto ma ma ma						
FULL NAME	E OF INVENTOR(S)							
Inventor one: Mats MALMOVIST								
Signature.	Citizen of: Sweden							
Inventor two: Nickę SVANVIK								
Signature: 1	Citizen of: Sweden							
Inventor three: Fredrik JOHNANDER								
Signature:	J Rasil dille Citizen of: Sweden							
Inventor four:								
Signature: _	Citizen of:							
	ional Inventors or a legal representative are being named on additional for	n(s) attached hereto.						
Aug. 15	ional inventions of a legal representative are being interest. Of Information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit of Information is required by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This col	I by the public which is to file						

name of the process of application, Confidentiality is giverned by 30 U.S.C. 122 and 37 CFR 1.11 and 1.14, this collection is estimated to take in including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any parametric on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TD: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Situs III, I operadin 1, and an inches	Application Number	10538746
POWER OF ATTORNEY	Filing Date	6-14-05
	First Named Inventor	MALMQVIST et al.
and	Title	Holder and methodsamples
CORRESPONDENCE ADDRESS	Art Unit	
INDICATION FORM	TION FORM Examiner Name	
	Attorney Docket Number	15116NP

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

I hereby revoke all previous powers of attorney given in the above-identified application.									
	I hereby appoint:								
Pracillioners associated with the Customer Number: 0000393									
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$\overline{\mathbf{V}}$	✓ Praclitioner(s) named below.								
	Name Ragistration Number								
	75954								
	Raiph A. Dowel Wendy M. Slade					53504			
	Wellay IVI. Sizar	9							
l	-,								
as my	/our attorney(s) o	or agent(nepted th	s) to prosecute the application	in identified above	, and to	transact all business in the	United States Patent and		
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Firm or Ralph A. Dowell of DOWELL & DOWELL, P.C.									
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am						•			
	Applicant/Inve			CD 3 71					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignoe of Record									
Signa	lure	17	106/11 lu	7/2/		Date			
Name		Mats MA	LMQVIST	- 1	,	Telephon	le		
Trile and Company									
NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 3 forms are submitted.									

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number 1/0.538.746

Filing Date POWER OF ATTORNEY First Named Inventor MALMOVIST of al. and Title Holder and method...samples CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number 15116NP

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I hereby revoke all previous powers of attorney given in the above-identified application.								
I hareby appoint:								
Practitioners ass		000203						
OR								
Practitioner(s) named below:								
	Name Registration Number							
Ralph A. Dowel			26868					
Wendy M. Slad				53	3604			
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as mylour alterney(s) o	or agent(s) to prosecute the application	on identified above	and to t	ransact all busin	ess in the l	United States Patent and		
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Clly	Alexandria		State	VA		Zip 22314		
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Telephone	703 415 2555		Email	dowell@dowell	pc.com			
lam the:								
Applicant/Inventor.								
Assignee of record of the entire interest, See 37 CFR 5.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SE/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	MIL S	X_			Date	060228		
Name	Nicke SVANVIK				Telephone			
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
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	Application Number	10538746			
POWER OF ATTORNEY	Filing Date	6-14-05			
	First Named Inventor	MALMOVIST et al.			
and	Title	Holder and methodsamples			
CORRESPONDENCE ADDRESS	Ari Unit				
INDICATION FORM	Examiner Name				

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Iher	eby revoke a	II previ	ous powers of attorney gi	ven in the	e above-ide	entified applic	ation.		
I hereby appoint:									
V	Practitioners associated with the Customer Number:			000293					
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			Name	1		Hegistrat	lion Numbe	r 	
	Ralph A. Dowe	all				2	8868		
	Wendy M. Slad	je				5:	3604		
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Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR									
	OR.	5 8860cia	ited with Customer Number:		000293				
	Firm or Individual	Name	Ralph A. Dowell of DOWELL	& DOWELL	, P.C.				
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	City		Alexandria		State	VA		Zip	22314
	Country		US			1			
	Telephone		703 415 2555		Email	dowell (ndowell)	oc.com		
am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Molicant or Assignee of Record									
Signati	ute	1/8	with the	71			Date	T	
Name		Fredrik	JOHNANDER	121			Telephone		
Title er	id Company								
NOTE: Signatures of all the inventors or analynees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see helow.									
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